

# REAL LIFE DAY CAMP PARENT POLICY AGREEMENT

Dear parent,

Please read the policies of Real Life Day Camp. Sign and return this form through the mail, or at our Open House on Saturday May 19<sup>th</sup>.

I understand that the tuition rates are as follows:

- 5 days:** \$235.00 plus **\$16.00** for the weekly field trip
- 4 days:** \$215.00 plus **\$16.00** for the field trip if my child comes on a field trip day.
- 3 days:** \$170.00 plus **\$16.00** for the field trip if my child comes on a field trip day.
- 2 days:** \$140.00 plus **\$16.00** for the field trip if my child comes on a field trip day.

Due to the fact that Real Life Day Camp has reserved a space for my child

I understand that tuition payment is due even if my child is unable to attend camp due to illness or other circumstances.

I understand that the registration fee is non refundable.

I understand that all deposits are non refundable and non transferable after **May 19, 2018.**

I understand that that tuition must be paid in advance or on the first day my child attends each week. A \$20.00 late fee will be added to my bill if I fail to pay tuition on my child's first day of each week.

I understand that there will be a \$25.00 fee for any returned checks.

I understand that the field trip fee is to be included in my tuition check. Field trips are every Thursday. My child is allowed to bring money for concessions, etc. when going on field trips.

I understand that field trip destinations are subject to change due to weather or other circumstances.

I understand that my child/children must have the following forms on file to stay at camp:

- **Registration Form**
- **Health Form**
- **Child Information Form** (Printed out with registration form).
- **Parent Policy Agreement**
- **Liability Waiver**

**Parent Signature:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_

**REAL LIFE DAY CAMP LIABILITY WAIVER**  
**AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK**

In consideration of Real Life Day Camp agreeing to allow my child/children:

\_\_\_\_\_  
(child/children's names)

to participate in the following activities: Horseback riding lessons, trail rides, B.B. gun lessons, Archery lessons, Swimming, Camp crafting, cook-outs, group games, field trips, animal care, barn/playground play, and any other Day Camp related activities, on behalf of myself and/or my child/children's participation in the above activities, I do hereby waive, release and discharge any and all claims for damages of any nature as a result of injury, which may occur to my child as a result of my and/or my child's participation in the above activities.

I further agree to indemnify and hold harmless Real Life Farm from any liability to myself, my child or any third party arising or in any way connected with my and/or my child's participation in the above events.

I further understand that there is always some risk involved in riding horses and being in close proximity to farm animals and machinery, and in participating in any of the above activities, and that injuries may occur. Knowing these risks, I hereby agree to assume said risks on behalf of myself and/or my child.

**WARNING**

Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

It is further understood that this release is binding upon my heirs and assigns.

**REAL LIFE DAY CAMP**

\_\_\_\_\_/President

**Dated:** \_\_\_\_\_ 2018

**By:** \_\_\_\_\_  
(Parent or Guardian)



**SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS


TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given)      Date \_\_\_\_\_      Type \_\_\_\_\_       Negative       Positive \_\_\_\_\_ mm.

**SECTION IV -- RECOMMENDATIONS**

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action?  Yes  No

If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness?  Yes  No If yes, check below and explain degree of restriction:

Classroom       Playground       Gymnasium       Swimming Pool       Competitive Sports       Camp       Other

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Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Examiner's Name (print or type) \_\_\_\_\_ Degree or License \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ teeth and make the following recommendations as for treatment:

Child's Name \_\_\_\_\_

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\_\_\_\_\_  
Dentist's Signature      Date

**COMMENTS**
